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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Certification under 37 CFR §1.10 (if applicable)

EL 889536721 US

Express Mail Label Number

February 12, 2002

Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Jennifer L. Mahoney

(Print Name of Person Mailing Application)

Jennifer Mahoney
(Signature of Person Mailing Application)

Transmittal of Utility Patent Application
for Filing Under 37 CFR §1.53(b)

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir: Transmitted herewith for filing is a patent application by inventor(s): Nick Domingo, Robert K. Deckman, Brent D. Seybold, and Kurt D. Sparks, and entitled:

**METHOD AND APPARATUS FOR MICRO-DISSECTION OF
VASCULAR OCCLUSIONS**

1. Enclosed are:
 - ☒ This Transmittal letter.
 - ☒ One stamped, self-addressed postcard for PTO datestamp.
 - ☒ Certificate of Express Mail.
 - ☒ One utility patent application containing text pages 1-43 and
 - ☒ 39 Sheets of drawings.
 - ☒ Declaration of Inventorship.(unsigned)
2. U.S. Priority
 - ☒ This application claims the benefit of U.S. Provisional Application Nos. 60/268,654, 60/268,647, 60/268,652, and 60/268,655, all filed February 13, 2001. This application is related to U.S. Application Nos. 09/981,526 and 09/981,498, both filed October 16, 2001.
 - ☒ Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing *if* required to establish copendency with the parent after all papers filed herewith have been considered.
3. Foreign Priority
 - ☐ Priority of Application No. filed in on is claimed under 35 USC §119.
 - ☐ A certified copy of this priority document is enclosed.


4. Fees

The filing fee has been calculated as shown below:

For:	(Col. 1) No. Filed	(Col. 2) No. Extra	Small Entity			Other Than a Small Entity	
			Rate	Fee		Rate	Fee
Basic Fee				\$370.00	or		\$740.00
Total Claims	26 - 20	6	x \$ 9 =	\$	or	x \$ 18 =	\$108.00
Independent Claims	2 - 3	0	x \$42 =	\$	or	x \$ 84 =	\$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$140 =	\$	or	+ \$280 =	\$
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$	or	TOTAL	\$848.00

- ☐ Applicant claims small entity status. See 37 CFR §1.27
- ☒ Please charge Deposit Account 50-0665 in the amount of \$848.00.
- ☒ The Commissioner is hereby authorized to charge fees under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account 50-0665.

Respectfully submitted,


Michael C. Martensen
Registration No. 46,901

Date: 12 Feb 2002

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